

HOUSING CHOICE VOUCHER PROGRAM

LOGAN CITY AND BEAR RIVER REGIONAL HOUSING AUTHORITY

INFORMATION FOR HOUSING APPLICANT

The Housing Choice Voucher Program (also known as Section 8) is a monthly rental assistance program.

- The program does not own any housing. The participant must find their own housing that will work with the program.
- The Housing Choice Voucher Program is not an emergency program. There is a waiting list. The amount of time an applicant may be on the waiting list can vary depending on the applicant's situation.

Please complete the attached Housing Choice Voucher application in order to apply and be considered to be placed on the waiting list. While completing the application, you must provide the following:

- The head of household name, date of birth, social security number and phone number.
- A physical address and a U.S. postal mailing address for the head of household.
- All other household members who will be living with the head of household as they participate with the rental assistance program.
- All sources of income each household member receives.
- Proof of your physical address. Examples are a copy of a driver's license, utility bill, rental contract, or other official correspondence from a third party agency. Please attach a copy of your proof to your housing application.

Once you have completed your housing application, please submit it to the Housing Authority staff by one of the following: mailing the application, leaving it in the secure drop box at the back of the building, or hand delivering it to the Housing Authority staff.

Your application will be dated and timed when it is received by the Housing Authority. A caseworker will be assigned to your case and will contact you for an intake appointment. The purpose of the intake will be to explain the housing program, review your application and to inform you if you are eligible to be on the waiting for the possible offer of housing assistance. Any questions you have about the program can be answered during your intake meeting.

IMPORTANT: As you apply for the Housing Choice Voucher Program, you must report all household size, income and address changes (physical and mailing), that occur in your situation to the Housing Authority in writing within ten (10) days from the day of the change.

Thank you for your interest in the program. The Housing Authority looks forward to assisting you. For further assistance, please call the Housing Authority at (435) 752-7242.

PRELIMINARY APPLICATION

PLEASE COMPLETE THIS FORM AND RETURN TO:

Logan City Housing Authority, 170 N. Main Street, Logan, UT
84321

Office Use Only	
Received/Revised	Unit Size Preference
	T P1 P2 P3 P4 P5 P6 P7
	T P1 P2 P3 P4 P5 P6 P7
	T P1 P2 P3 P4 P5 P6 P7

NAME AND MAILING ADDRESS

Legal address if different from mailing address

Note: If your legal or mailing address changes, you must notify this office to maintain your waiting list status.

Evidence of legal address claimed at time of application must accompany this form when returned. Acceptable evidence includes copy of driver's license or other official document listing head of household, spouse or co-head at claimed legal address. Preliminary Applications returned without evidence of legal address cannot be accepted.

Part 1: Head of Household

Social Security Number _____

Ethnicity
(Check One Box)

- ☐ Hispanic
☐ Not Hispanic

Date of Birth _____

Sex ☐ Female ☐ Male

Race
(Check All That Apply)

- ☐ White
☐ Black/African American
☐ American Indian/
Alaska Native
☐ Asian
☐ Native Hawaiian/Other
Pacific Islander

Home Telephone _____

Other Telephone _____

Other Telephone Type ☐ Work ☐ Other Specify: _____

E-mail Address _____

☐ I would like to receive correspondence via e-mail.

Do you qualify for a reasonable accommodation due to a disability? ☐ Yes ☐ No

Racial and ethnic data for
statistical purposes only.

Part 2: Household Information

List information for adults first, then children under age 18. Use "F" or "M" to indicate sex. If a household member is disabled check the "Y" check box, if not disabled, check "N." List relationship of each person to the Head of Household. Attach additional sheet if family has more than ten members.

Last Name	First Name	Social Security #	Date of Birth	Sex	Disabled	Relationship
					<input type="checkbox"/> Y <input type="checkbox"/> N	Head of House
					<input type="checkbox"/> Y <input type="checkbox"/> N	
					<input type="checkbox"/> Y <input type="checkbox"/> N	
					<input type="checkbox"/> Y <input type="checkbox"/> N	
					<input type="checkbox"/> Y <input type="checkbox"/> N	
					<input type="checkbox"/> Y <input type="checkbox"/> N	
					<input type="checkbox"/> Y <input type="checkbox"/> N	
					<input type="checkbox"/> Y <input type="checkbox"/> N	
					<input type="checkbox"/> Y <input type="checkbox"/> N	
					<input type="checkbox"/> Y <input type="checkbox"/> N	

Please Continue to Part 3

PRELIMINARY APPLICATION

Part 3: Family Income and Assets

List total gross income (before taxes) and payments received by each family member age 18 and older for wages, military pay, pensions, social security, SSI, welfare, child support, unemployment, business, profession or any other source. Include payments made to family members 18 or older on behalf of other family members under age 18.

First Name	Gross Income	How Often	If Income is from Wages List Address of Employer
_____	\$ _____	<input type="checkbox"/> Weekly <input type="checkbox"/> Every 2 Weeks <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly	_____
_____	\$ _____	<input type="checkbox"/> Weekly <input type="checkbox"/> Every 2 Weeks <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly	_____
_____	\$ _____	<input type="checkbox"/> Weekly <input type="checkbox"/> Every 2 Weeks <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly	_____
_____	\$ _____	<input type="checkbox"/> Weekly <input type="checkbox"/> Every 2 Weeks <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly	_____
_____	\$ _____	<input type="checkbox"/> Weekly <input type="checkbox"/> Every 2 Weeks <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly	_____

List total cash value and total income received for assets owned by all family members.

Type of Asset	Cash Value of Asset	Income Received from Asset
Checking Accounts	\$ _____	\$ _____
Savings Accounts	\$ _____	\$ _____
Stocks, Bonds, CDs, Investment	\$ _____	\$ _____
Real Estate	\$ _____	\$ _____
Other	\$ _____	\$ _____

Part 4: Eligibility and Preferences

Your response to the following statements will help determine your eligibility for rental assistance and if you are entitled to a preference when placed on the program's waiting list. Select each item that applies to your current status.

Your response to the following statements will help determine your eligibility for rental assistance and if you are entitled to a preference when placed on the program's waiting list. Check each box that applies to your current status.

- ☐ Yes I or a family member is 62 years old or older.
- ☐ Yes One or more adult listed on this application is working, or enrolled in school or any other educational program.
_____ enter number of hours worked each week
_____ enter number of credits you are currently working toward
- ☐ Yes You or any other member of your household has been a member of the U.S. military or is a widow/widower of a U.S. military member. If yes, please identify the household member _____
- ☐ Yes You or any member of your household have been evicted from Public housing, Indian housing, Section 23 housing, housing assisted by the Section 8 program, for drug-related criminal activity during the past three years.
- ☐ Yes You currently live in public housing, housing assisted by the Section 8 program, or any other type of federally subsidized housing.

Part 5: U.S. Citizenship Notification and Certification

Housing may be contingent upon the submission and verification of evidence of citizenship or eligible immigration status prior to the time housing is made available. Based on the evidence submitted at that time, assistance may be prorated, denied or terminated following appeals and informal hearing processes.

I certify that the information on this form is true and complete to the best of my knowledge and belief. I understand that I can be fined up to \$10,000, or imprisoned up to five years if I furnish false or incomplete information.

X _____
Date _____

Privacy Act Notice: For your protection, the data collected on this form will only be released in accordance with the Privacy Act of 1974.

Optional and Supplemental Contact Information for HUD-Assisted Housing Applicants

SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING

This form is to be provided to each applicant for federally assisted housing

Instructions: Optional Contact Person or Organization: You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. **You may update, remove, or change the information you provide on this form at any time.** You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

☐ Check this box if you choose not to provide the contact information.

Applicant Name:	
Mailing Address:	
Telephone No:	Cell Phone No:
Name of Additional Contact Person or Organization:	
Address:	
Telephone No:	Cell Phone No:
E-Mail Address (if applicable):	
Relationship to Applicant:	
Reason for Contact: (Check all that apply)	
<input type="checkbox"/> Emergency <input type="checkbox"/> Unable to contact you <input type="checkbox"/> Termination of rental assistance <input type="checkbox"/> Eviction from unit <input type="checkbox"/> Late payment of rent	<input type="checkbox"/> Assist with Recertification Process <input type="checkbox"/> Change in lease terms <input type="checkbox"/> Change in house rules <input type="checkbox"/> Other: _____
Commitment of Housing Authority or Owner: If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.	
Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
Legal Notification: Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.	

Signature of Applicant

Date

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

Privacy Statement: Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions.

FAMILIES ACHIEVING SUCCESS TOGETHER (FAST)

The purpose of the FAST questionnaire form is to determine a family's eligibility and position on the waiting list. Each adult, 18 years and older, listed on your application must complete a FAST questionnaire form.

1. My name is _____; I am _____ years old.
2. I am attending a college or university. YES NO
If yes, name of school and address _____
Estimated graduation date _____ Number of credit hours taking this semester _____
3. I am attending an applied technology college or other vocation training. YES NO
If yes, name of school and address _____
Name of program _____ Months attended to date _____
Weekly classroom hours _____ Estimated graduation date _____
4. I am attending classes toward a high school diploma/GED. YES NO
If yes, name of school and address _____
Months participated to date _____ Classroom hours per week _____
Estimated graduation date _____
5. I am participating in an **English as a Second Language** program YES NO
If yes, name of school and address _____
Months attended to date _____ Classroom hours per week _____
6. I am employed YES NO
Company Name and Address _____
Years worked with company _____ Hours of work per week _____ Rate of Pay _____
7. I am self-employed YES NO
Type of business _____
Hours work per week _____ Annual gross income _____
Planned monthly withdrawals _____
8. I currently volunteer my time for community service YES NO
Organization name and address _____
Contact person name and phone number _____
Number of months worked _____ Hours work per week _____
9. I participate in a **Drug or Alcohol treatment, after-care-prevention, or support program** YES NO
Program name and address _____
Contact person name and phone number _____ Hours of participation per week _____
Months participated to date _____ Expected completion date _____

I swear that all information above is true, complete and correct. I agree that housing assistance may be denied or terminated if I have withheld or given false statements to the Housing Authority.

Signature/Date

OVER Second adult can fill out FAST form on other side of paper

Bear River Regional Housing Authority
Section 8 Rental Assistance Program
Applicant/Recipient Certification Statement

- Applicant/recipient understands that all address changes, household size changes, and income changes, must be reported to the Housing Authority in writing within ten (10) days from the day the change takes place.

- Applicant/recipient understands that cooperation with the Housing Authority is important and that all requested documents must be submitted to the Housing Authority within the ten (10) day given period. Failure to do so will be cause for denial/termination of housing assistance.

- Recipient understands that while receiving housing assistance a thirty (30) day written move-out notice must be provided to the owner and a copy to the Housing Authority. The dwelling unit where the family is currently receiving housing assistance must be their primary place of residence until final date on move-out notice.

- Applicant/recipient understands that past, present or future participation of illegal drug or violent criminal activity for either them, their household members or guests will be cause for denial/termination of housing assistance.

Please answer the following questions below **truthfully and correctly**. Any false information given will be cause for denial/termination of housing assistance.

- Have you or any of your household members been arrested for a drug or alcohol related crime? YES NO
If yes, when? Disposition:
- Have you or any of your household members been arrested for a sexual offense? YES NO
If yes, when? Disposition:
- Have you or any of your household members ever been arrested for a crime involving the use of a weapon, crime of violence, or other related incidents? YES NO
If yes, when? Disposition:
- Have you or any of your household members ever been arrested for any other reason? YES NO
If yes, when? Disposition:

I, _____, representative of my household, have read the Housing Authority's policies as described above. My household members and I understand our obligations to the Housing Authority and will comply accordingly or our housing assistance may be denied/terminated. Furthermore, I certify that the questions regarding illegal drug or violent criminal activity have been answered truthfully and correctly. Any false or incomplete information I have provided for myself and household members will be cause for denial/termination of housing assistance.

Signature of Application/Recipient

Date

Authorization for the Release of Information

Tenant ID

HA requesting release of information:

1/21/2021

Authority: 42 U.S.C. 1437f and 3535(d), implemented at 24CFR 982.551(b).

Purpose: In signing this consent form, you are authorizing HUD and the above-named HA to request information including but not limited to: identity and marital status, employment income and assets, residences and rental activity, Medical or Child Care Allowances, Credit and Criminal Activity. HUD and the HA need this information to verify your eligibility for assisted housing benefits and that these benefits are set at the correct level. HUD and the HA may participate in computer matching programs with these sources in order to verify your eligibility and level of benefits.

Uses of Information to be Obtained: HUD is required to protect the information it obtains in accordance with the Privacy Act of 1974, 5 U.S.C. 552a. HUD may disclose information (other than tax return information) for certain routine uses, such as to other government agencies for law enforcement purposes, to Federal agencies for employment suitability purposes and to HAs for the purpose of determining housing assistance. The HA is also required to protect the information it obtains in accordance with any applicable State privacy law. HUD and HA employees may be subject to penalties for unauthorized disclosures or improper uses of the information that is obtained based on the consent form.

Who Must Sign the Consent Form: Each member of your household who is 18 years of age or older must sign the consent form. Additional signatures must be obtained from new adult members joining the household or whenever members of the household become 18 years of age.

Consent: I consent to allow HUD or the HA to request and obtain any information from any Federal, State, or local agency, organization, business, or individual for the purpose of verifying my eligibility and level of benefits under HUD's assisted housing programs. I understand that HAs that receive information under this consent form cannot use it to deny, reduce or terminate assistance without first independently verifying the information obtained. In addition, I must be given an opportunity to contest those determinations. This consent form expires 15 months after signed.

Signatures:

Head of Household	Date
Social Security Number (if any) of Head of Household	
Spouse	Date
Other Family Member over age 18	Date
Other Family Member over age 18	Date

Other Family Member over age 18	Date
Other Family Member over age 18	Date
Other Family Member over age 18	Date
Other Family Member over age 18	Date

Document ID:

Penalties for Misusing this Consent

HUD, the HA and any owner (or any employee of HUD, the HA or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on this form is restricted to the purposes cited above. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD, the HA or the owner responsible for the unauthorized disclosure or improper use.